



JOB ANNOUNCEMENT
CONTINUOUS

ROTARY WING PILOT (1238-03-04)
\$45,629.00/annually

The Arizona Department of Public Safety (DPS) invites applications for Rotary Wing Pilot (class code 1238-03-04). The eligibility list established from this recruitment will be used to fill vacancies, depending on the hiring needs of the Department. AZ POST certified officers desired.

SUMMARY STATEMENT: Those candidates meeting the qualifications and who are not already AZ POST certified will attend the Arizona Law Enforcement Academy. Positions will be filled based on vacancies in the classification and will attend DPS advanced basic training, which includes Department policies, practices and standards.

MINIMUM QUALIFICATIONS: Must (1) be a citizen of the United States, (2) possess a high school diploma or General Equivalency Diploma (GED), (3) be at least 21 years of age at the time of graduation from academy, and (4) possess a valid Arizona driver license by the starting date. Documented proof will be required, (5) Possession of Commercial Helicopter Pilot license, (6) Must be able to pass FAA Class I medical examination without waiver, (7) A minimum of 2,000 hours flying time as a helicopter pilot in command, of which 1,000 hours must be in a turbine helicopter. It is desirable that 250 of the 2000 hours be in OH58, Bell 206, or Bell 407 series.

SELECTION PROCESS: The selection process includes the following steps: (1) application, (2) screening for minimum qualifications, (3) written examination, (4) physical fitness test, (5) qualifications appraisal board, (6) background investigation, (7) polygraph examination, (8) psychological evaluation, (9) medical examination and (10) pre-employment drug testing.

Applicants will be advised of dates and locations in advance of the test dates.

The application forms must be submitted to DPS Human Resources Bureau, PO Box 6638 – MD 1100, Phoenix, Arizona 85005-6638. The application process for this position is continuous, but may close when a sufficient number of applications have been received or the position is filled.

Applicants who have been disqualified for employment in the background phase with the Department within the last six months are not eligible to apply.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

ROTARY WING PILOT

SELECTION PROCESS

Note: An applicant must pass each step of the process before moving on to the next step.

PHASE ONE

1. **WRITTEN EXAMINATION**

Must pass a 100 item multiple-choice test with a minimum score of 75%. Hand-held calculators are permitted. The examination covers perceptual ability, logic, reading comprehension, language skills, and numeric skills.

2. **PHYSICAL FITNESS TEST**

Pass/fail. See attached for minimum requirements.

3. **ROTARY WING PILOT QUALIFICATIONS APPRAISAL BOARD (QAB)**

Must pass a performance test of problem-solving and interpersonal skills.

Applicants successfully completing the above steps will be ranked in numeric order by the Rotary Wing QAB score and placed on an eligibility list. Applicants who are claiming preference points and provide the appropriate documentation (i.e., DD214, etc.) will have 5 points added to their final passing score. Candidates will be invited to proceed to the next phase of testing in the order of their rankings.

PHASE TWO

4. **POLYGRAPH EXAMINATION**

Must successfully complete a polygraph examination.

5. **BACKGROUND INVESTIGATION**

Must pass a background investigation, which includes a history of the applicant's driving, civil and criminal records, employment, and use of illegal substances.

6. **PSYCHOLOGICAL EVALUATION**

Must successfully complete a two-part evaluation, including a written examination and a personal interview with a psychologist.

7. **MEDICAL EXAMINATION**

Must successfully complete a medical examination.

8. **PREEMPLOYMENT DRUG TESTING**

ARIZONA DEPARTMENT OF PUBLIC SAFETY

HUMAN RESOURCES BUREAU

SELECTION GUIDELINES

FIXED AND ROTARY WING PILOT



NOTE TO THE APPLICANT: THE EXISTENCE OF ANY OF THE CONDITIONS LISTED BELOW MAY RESULT IN REJECTION FROM THE SELECTION PROCESS. THESE AREAS WILL BE EXPLORED DURING THE POLYGRAPH EXAMINATION.

I. DRUG USAGE

A. MARIJUANA

Illegal use of Marijuana more than 20 times total or more than five (5) times since the age of 21, or at any time since the issuance of his/her pilot's license, or military pilot rating.

B. DANGEROUS DRUGS/NARCOTICS/VAPOROUS SUBSTANCES/PEYOTE/MESCALINE/HEROIN

Use of these substances at any time.

Dangerous drugs and/or narcotics include hashish, cocaine/crack, amphetamine/barbiturates/anabolic steroids, LSD/acid, PCP/angel dust, magic mushrooms, etc.

C. SALE, PRODUCTION, CULTIVATION, OR TRANSPORTATION FOR SALE OF ILLEGAL DRUGS

D. PATTERN OF ABUSE OF PRESCRIPTION DRUGS

II. THEFT OR MISAPPROPRIATION OF PROPERTY

- A. Any demonstrated pattern of habitual theft.
- B. Any theft while serving in a position of trust.

III. ACTS CONSTITUTING A FELONY

- A. The conviction of any act that would constitute a felony in the state of Arizona, regardless of the time element.
- B. The conviction of any act of domestic violence.

IV. FRAUD OR MISREPRESENTATION

- A. Any intentional attempt to practice any deception or fraud in:
 - 1. The employment application.
 - 2. The various testing processes.
- B. Failure to properly complete the application.

V. DRIVING RECORD

- A. More than one serious traffic violation (D.U.I., reckless driving, leaving the scene of an accident) within the last 5 years.
- B. Any serious traffic violation (D.U.I., reckless driving, leaving the scene of an accident) within the past 3 years.
- C. Any recent demonstrated pattern of excessive traffic violations (for positions that require operation of a motor vehicle).

VI. FLYING RECORD

- A. Any reported accident or incident determined to be the result of an FAR (Federal Aviation Regulation) violation.
- B. Any suspension or revocation of a pilot certificate.

VII. CREDIT - Any demonstrated pattern of indebtedness over an extended period, which has resulted in repossessions or foreclosures or submission of bills to a collection agency (for position of Officer).



ARIZONA DEPARTMENT OF PUBLIC SAFETY
HUMAN RESOURCES BUREAU

PRE-EMPLOYMENT PHYSICAL FITNESS TEST

The test will consist of six events: Sit-ups, push-ups, 1.5 mile run, 300 meter run, agility run and vertical jump. Each event will be scored individually as a pass or fail. The applicant must successfully complete each testing event to continue in the physical fitness testing. These standards were effective May 1, 2003.

Minimum requirements for the physical fitness test will be based on the following requirements:

FITNESS EVENT	REQUIREMENT
1.5 mile run	16:00 (min:sec)
300 meter run	73.2 seconds
Push-ups	24 reps
Agility run	21.8 seconds
Vertical jump	12.8 inches
Sit-ups	28 reps

1.5 MILE RUN - Walking is permitted, however the applicant must complete the test within the time frame indicated.

300 METER RUN – The applicant must run 300 meters within the allotted time frame.

PUSH-UPS - The applicant will start with the palms of the hands on the floor, arms straight, legs and back straight. A monitor will place a fist on the floor below the applicant's chest. When told to begin, the applicant will bend the elbow, keeping the legs and back straight, until the chest touches the monitor's fist and then return to the starting position.

AGILITY RUN – The applicant begins in a prone position with hands on the start line. On the mark of "Go" the applicant quickly gets to their feet and sprints 30' to the end of the far cone. The applicant's foot must touch or go past the line and then they must return to the start line and turn around the first middle cone. The applicant serpentine the four middle cones up and back; then repeats the sprint to the far cone and back to the finish line.

VERTICAL JUMP – The applicant begins with a recording of the standing reach position. Standing with one or both feet on the mark, the applicant will jump as high as possible. The distances between the standing reach position and the jumping mark will be recorded. The applicant will have three attempts with the best attempt counting as the final score.

SIT-UPS - The applicant will start by lying on the ground on their back with knees bent and feet on the ground. Bring the shoulders forward until the elbows touch the knees and then return to the start position. This will continue as many times as possible for one minute. The applicant's hands must be placed behind the ears, not allowing the fingertips to break the plane.

HR USE ONLY	
Input Date:	
Job Code:	
Analyst:	
Review Date:	
Meets MQ's:	

ARIZONA DEPARTMENT OF PUBLIC SAFETY

P.O. Box 6638, MD 1100
Phoenix, AZ 85005-6638
Human Resources Bureau



**PRELIMINARY APPLICATION
ROTARY WING PILOT**

- ☐ ARIZONA POST CERTIFIED POLICE OFFICER APPLICANT
☐ CADET OFFICER APPLICANT

NAME:

SOCIAL SECURITY NUMBER:

ADDRESS:

PHONE NUMBER:

CITY, STATE:

ZIPCODE:

EMAIL ADDRESS:

HOW MUCH NOTICE WILL YOU NEED TO
GIVE YOUR CURRENT EMPLOYER?

WHAT TIME OF DAY ARE YOU AVAILABLE TO TEST FOR THE POSITION YOU ARE APPLYING FOR?

Name of the employee who referred you to DPS: _____

YES or NO

Are you at least 21 years old? If not, list Date of Birth. _____	
Are you a citizen of the United States?	
Do you have a high school diploma or GED?	
Do you have, or will you be able to obtain, a valid Arizona driver license prior to beginning employment?	
Are you currently AZ POST certified?	
If yes, indicate date of certification, current agency and academy name (i.e., ALEA, NARTA, GCC). Date: _____ Agency: _____ Academy: _____	
How many years of patrol experience do you have working as a certified police officer? Years	
Have you applied with DPS in the past? Date(s): _____	
Have you fully answered the questions on page two (2) of this application?	
Do you meet the guidelines listed on the Selection Guidelines?	
The Arizona Department of Public Safety places officers in various locations throughout the state, depending on the needs of the Department. Are you willing to accept an assignment anywhere in Arizona?	
If you answered NO to the previous question, please list up to three general areas where you are willing to work (i.e., Phx. Metro Area, Santa Cruz County, etc.). _____	

I certify that all answers on this application are true and complete to the best of my knowledge. I understand that I will be required to provide proof of age, citizenship, and high school diploma or GED. I further understand that should an investigation disclose untruthful or misleading answers, my application will be rejected, my name removed from consideration, and/or my employment with the Arizona Department of Public Safety terminated.

Applicant's Signature _____

Date _____

ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES QUESTIONNAIRE

(PLEASE COMPLETE ENTIRE PAGE)

NAME: _____ SOCIAL SECURITY NUMBER: - -

TYPE OF DRUG	HAVE YOU EVER TRIED? YES or NO	IF "YES" HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, PRODUCED, OR TRANSPORTED FOR SALE? YES or NO
MARIJUANA						
HASHISH						
COCAINE/CRACK						
AMPHETAMINES						
METHAMPHETAMINES						
BARBITURATES						
HEROIN						
OPIUM						
MORPHINE						
LSD/ACID						
PCP/ACID						
PEYOTE						
MESCALINE						
MUSHROOMS						
STEROIDS						
VAPOROUS SUBSTANCES (Please list)						
ANY OTHER ILLEGAL DRUGS (Please list)						
ILLEGAL USE OF PRESCRIPTION DRUGS (Please list)						

If you answered "YES" on any of the areas above, provide full explanation on the following page. Include, if applicable, the following:

- a. How the drug was ingested or consumed*
- b. The duration of usage*
- c. The motivation for use*
- d. How the drug was obtained*
- e. Why you stopped using the drug*
- f. Any other factors you believe are relevant*

ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES QUESTIONNAIRE ATTACHMENT

NAME:	SOCIAL SECURITY NUMBER: - -
ADDRESS:	PHONE NUMBER: () -
CITY, STATE,	ZIPCODE:

[illegible]

Human Resources Bureau



Arizona Law Enforcement Merit System Council rules and Department of Public Safety personnel practices and policies regarding employment, promotion and benefits are applied to all applicants and employees on the basis of their qualifications without regard to race, color, sex, age, religion, national origin or disability. The Department of Public Safety will make reasonable efforts in the examination process to accommodate disabled applicants. If you

Social Security Number	Last Name	First Name	Middle Name																														
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<small>Area Code</small>	<small>Area Code</small>																																

ARIZONA LAW ENFORCEMENT MERIT SYSTEM COUNCIL

TRAINING AND EXPERIENCE SUPPLEMENT

for

ROTARY WING PILOT I

Selection Process I.D.#

1238/--/0403.11

APPLICANT NAME _____

APPLICANT SOCIAL SECURITY NUMBER _____

APRIL 2003

TRAINING AND EXPERIENCE SUPPLEMENT
ROTARY WING PILOT I
Selection Process I.D.#
1238/--/0403.11
Page 1

A. List below the number of helicopter-related flight hours

of Hours

- | | | |
|--|--|-------|
| 1. | as Pilot in Command (PIC) in helicopters. | _____ |
| 2. | as Pilot in Command (PIC) in helicopters within the last 2 years | _____ |
| 3. | as Pilot in Command (PIC) in single engine light turbine
helicopters | _____ |
| 4. | as Pilot in Command (PIC) in OH58, Bell 206 series helicopters or
military equivalent. | _____ |
| Identify type(s) of helicopter(s) if equivalent is used:

_____ | | |
| 5. | as Pilot in Command (PIC) in Bell 407 series helicopters or
military equivalent. | _____ |
| Identify type(s) of helicopter(s) if equivalent is used:

_____ | | |
| 6. | as Pilot in Command (PIC) in Bell 407 series helicopters or
military equivalent within the last 2 years. | _____ |
| 7. | as a single pilot flying in helicopters. | _____ |

TRAINING AND EXPERIENCE SUPPLEMENT
ROTARY WING PILOT I
Selection Process I.D.#
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Page 2

B. List below the number of flight hours as Pilot in Command (PIC) for the following helicopter-related conditions:

of Hours

- | | | |
|----|--------------------------------|-------|
| 1. | Unaided night flying | _____ |
| 2. | Night vision goggle flying | _____ |
| 3. | Mountain flying | _____ |
| 4. | Long line/external load flying | _____ |

C. List below the length of experience in months as Pilot in Command (PIC) in the following helicopter-related operations:

of Months

- | | | |
|----|---------------------------|-------|
| 1. | Search and Rescue | _____ |
| 2. | Emergency Medical Service | _____ |
| 3. | Law Enforcement | _____ |

D. Check or fill in the appropriate blanks as follows:

- | | | | |
|----|--|-----------|----------|
| 1. | I am currently instrument rated | YES _____ | NO _____ |
| 2. | I am instrument rated but not currently | YES _____ | NO _____ |
| 3. | If instrument rated, how many instrument hours do you possess? | _____ | |

E. Have you had any aircraft accidents, incidents or violations? YES _____ NO _____

CERTIFICATE OF APPLICANT VERIFICATION

By my signature, I certify that all answers on this training and experience questionnaire are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the Arizona Department of Public Safety terminated.

_____ Signature

_____ Social Security Number

_____ Date